

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4) Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT?

☐ Yes

□ No

5

	COMMITTEE INFORMATION				
1. Full Name of Committee (as on Statement of Organizal	tion) Check if this is a new n	ame			
SPIGELMAN FOR CARMEL MAYOR					
2. Acronym or Abbreviated Name (if any)		3. Committee	Telephone Number	nber	
		(317)	816-0535		
4. Mailing Address (address where all campaign finance of	correspondence is received)	neck if this is a r	new address		
POST OFFICE BOX 3595		1000			
5. City, State, ZIP Code		6. Party Affilia	ition (if applicable)		
CARMEL, IN 46082-3595					
	NFORMATION (For Candidate's Co				
7. Full Name of Candidate (include any nickname)			tion or If Independent		
MARNIN J. SPIGELMAN			NDENT CANDI	DATE	
Office Sought (Include district number, if any. Not requ	ired for exploratory committee.)	10. County of			
MAYOR, CITY OF CARMEL		HAMILT		CAMBIDATES ON Y	
	REPORT			CANDIDATES ONLY	
11. Check one: Pre-Primary Pre-Election Annual Nomination	Other		Check one:	ntion	
	O I II I	Post-Conv			
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Ou	tgoing Treasurer (within 10 days amend Statement or	Organization)			
12. Reporting Period:	OCHODED 14 2007		COLUMN A This Period	COLUMN B Year to Date	
From: AUGUST 1, 2007 Thro			1263.90		
13. Cash on hand and investments at the beginning of thi		1000	1263.90	0.00	
14. Cash on hand and investments January 1, current year CONTRIBUTIONS AN				0.00	
(Note: these amounts include in-kind contributions and lo		2.0			
15a. Itemized (use Schedule A)			2850.00	8306.93	
15b. Unitemized			475.00	796.00	
15c. Add lines 15a and 15b in both columns	SUBT	OTAL	3325.00	9102.93	
16. Add lines 13 and 15c in Column A and lines 14 and 1	5c in Column B T	OTAL	4588.90	9102.93	
EXPENDITU	RES				
(Note: These amounts include in-kind expenditures and k	pan repayments.)				
17a. Itemized (use Schedule B) (Public Question: use Sc	hedule C)		4131.24	8305.75	
17b. Unitemized			41.00	380.52	
17c. Add lines 17a and 17b in both columns	SUB	TOTAL	4172.24	8686.27	
18. Cash on hand and investments at close of this reporting period	d (subtract 17c from 16 in both columns)	TOTAL	416.66	416.66	
19. Debts OWED BY the committee (use Schedule D)			7656.93		
20. Debts OWED TO the committee (use Schedule E)			0.00		
	DIFFCATION	Constitution of the last		OR OFFICE USE ONLY	
CE	RTIFICATION OF MY KNOWLEDGE AND BELIEF IT IS T	RUE CORRECT A	Carried House, or other last	A OFFICE USE UNLT	
ignature on File	Title	Date	OUM LETE		
Treasurer 10-17-2007					
		Date			
	or cale or used for any commercial surrocc		17-2007		
	or sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly				

erson who fails to file a complete or accurate report as required by the Indiana

Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as on proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. SAMUEL D. HENNESSEE, MD 4965 Wintergreen Lane	Contributions: Direct In-Kind (describe)	\$ 150	\$ 150	8-17-07
Carmel, IN 46033	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (frequired) Candidate				N.S
MARNIN SPIGELMAN 11816 Harvard Lane	Contributions: Direct In-Kind (describe)	\$2500	\$7656.93	9-12-07
Carmel, IN 46032	Other Receipts: Interest Loan Misc. (specify)			N.S.
Contributor's Occupation (if required)	Contributions:			
WILLIAM STYRING	XX Direct	\$ 200	\$ 500	9-28-07
3624 Brian Place	In-Kind (describe)			
Carmel, IN 46033	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				N.S.
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions:			
5.	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)		* 0050 00		
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$2850.00		
(Enter total on ITE	M 15a of the Summary Sheet)	\$2850.00		



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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Maco Press 560 3rd Ave SW Carmel, IN 46032	Printing	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Campaign Li		\$3964.07	8-03-07
Verizon Wireless 777 Big Timber Rd Elgin, IL 60123	Cellular Phones	Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: Campaign Ce		\$107.94	8-13-07
Verizon Wireless 777 Big Timber Rd Elgin, IL 60123	Cellular Phones			\$153.19	9-10-07
Maco Press 560 3rd Ave SW Carmel, IN 46032	Printing			\$6694.24	9-17-07
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
TOTAL OF ALL PA	SUBTOTAL THIS PAG	E LAST PAGE ONLY	\$4131.24 \$4131.24		

MARNIN SPIGELMAN 11816 Harvard Lane Carmel, IN 46032	\$29.35	7-21-07	0.00	\$ 29.35
MARNIN SPIGELMAN 11816 Harvard Lane Carmel, IN 46032	\$2500.00	9-12-07	0.00	\$2500.00
LENDER'S COCUPATION:				

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(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
MARNIN SPIGELMAN		\$ 100.00	6-19-07	0.00	\$ 100.00
11816 Harvard Lane					
Carmel, IN 46032		Loan			
LENDER'S OCCUPATION: Candidate					
MARNIN SPIGELMAN		\$3900.00	6-27-07	0.00	\$3900.00
11816 Harvard Lane					
Carmel, IN 46032		Loan			
LENDERS OCCUPATION: Candidate					
MARNIN SPIGELMAN		\$ 58.23	7-5-07	0.00	\$ 58.23
11816 Harvard Lane					
Carmel, IN 46032		Loan			
LENDER'S COCUPATION: Candidate					
MARNIN SPIGELMAN		\$ 22.10	7-10-07	0.00	\$ 22.10
11816 Harvard Lane					
Carmel, IN 46032		Loan			
LENDER'S OCCUPATION: Candidate					
MARNIN SPIGELMAN		\$ 20.00	7-17-07	0.00	\$ 20.00
11816 Harvard Lane					
Carmel, IN 46032		Loan			
LENDERS OCCUPATION: Candidate					
MARNIN SPIGELMAN		\$ 27.25	7-18-07	0.00	\$ 27.25
11816 Harvard Lane					
Carmel, IN 46032		Loan	1		
LENDERS OCCUPATION: Candidate					
MARNIN SPIGELMAN		\$1000.00	7-19-07	0.00	\$1000.00
11816 Harvard Lane					
Carmel, IN 46032		Loan			
LENDERS OCCUPATION: Candidate					
		SUBTOTA	AL THIS PAGE O	F SCHEDULE D	\$5127.58
	TOTAL OF ALI	L PAGES OF SCHEDU	LE D ON THE LA		